



Household Hazardous Waste Program

APPLICATION FORM

To Obtain 2009 Hazardous Waste Cleanup Fund Grant Monies
For a Household Hazardous Waste Collection Project

APPLICATION INSTRUCTIONS - Please read the attached guidance, which outlines what is required to receive a grant. Complete all five sections and submit them to DES on or before **February 1**. All funds will be distributed in accordance with Env-Wm 1000. **Incomplete or late applications will not be considered.**

To be eligible for grant funds, you must conduct an educational campaign, which is more than simply promoting your collection. Your educational component must include information about **ways to reduce HHW generation** (pollution prevention) as well as the potential dangers and proper means of disposal of HHW. The brochure *Hazardous Materials in Your Home* is useful in this effort, however, it should not be the sole form of education. If you have questions, please call the HHW Coordinator at 271-2047; DES has materials available to help you with your educational component.

Grant funds are distributed using a tiered rate. Please review your program overview to determine which description best fits. Use this rate in requesting state Household Hazardous Waste grant monies in Section IV, 3:

- \$0.23/capita for HHW programs with a permanent, on-going facility.
- \$0.13/capita for HHW programs with more than one collection per year or serving more than one community.
- \$0.06/capita for HHW collection programs that serve one community on one day annually.

This per capita rate structure is not the same as last year.

SECTION I. **GENERAL INFORMATION:** Use additional sheets if necessary.

1. Applicant's Name: _____

2. Applicant's Mailing Address: _____

(Street)

(Town / City)

(State)

(Zip Code)

3. Date of Application: _____

(Application must be received at NH Department of Environmental Services **at least 10 weeks prior** to the proposed HHW collection date.)

4. Contact Person: Name: _____

Title: _____

Telephone: _____ Fax: _____

E-mail address _____ @ _____

SECTION II: **EVENT DETAILS**

1. Do you require pre-registration for this event: Y / N If yes, by when?: _____

2. Project's Proposed Date & Time: _____

(Date)

(Time)

3. Proposed Site of Project:

(Street Address)

(Town / City)

4. Do you have a limit on the amount of waste that can be brought to the collection? Y / N

If yes, what is the limit? _____

5. For events with multiple collection sites: how many sites do you have? _____

Can residents of any participating town use any collection sites? Y / N

If no, please list which towns must use which site on a separate page.

6. Will you allow a limited number of residents from non-participating communities to drop off wastes during your collection (for emergency situations only, approved by the department)? Y/N

SECTION III: SERVICE AREA

1. Communities participating and population to be served:
(Please use current OSP or U.S. Census figures for population figures.)

| Community: | Population: | Community: | Population |
|------------|-------------|------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. Total Population: _____
3. Households to be served by the HHW collection: _____
(Total population divided by 2.4 persons per household)

SECTION IV: PROJECT COST AND REVENUE ESTIMATES

1. Cost of Public Education: \$ _____
(Educational Component required per NH Hazardous Waste Rules, Env-Wm 1003.08, attached)
2. Cost of Hazardous Waste Contractor: \$ _____
(Include fixed and estimated disposal costs.)
- Total Estimated Project Cost (Add 1 and 2): \$ _____
3. State of NH grant monies requested: \$ _____
(Grant monies available at the rate based on HHW collection overview)
4. Matching Monies (list sources and amounts):
Community Funding: \$ _____ County Funding: \$ _____
Solid Waste District Funding: \$ _____ Other Funding: \$ _____
Total Matching Monies: \$ _____
5. Total Revenue (add 3 and 4): \$ _____

SECTION V: ATTACHMENTS

Please include:

1. A general description of the project, including:
 - 👉 How the applicant will allocate the grant award.
 - 👉 How the applicant will fulfill the grant award's dollar-for-dollar match requirements.
2. Show and explain how the applicant will fulfill the public education component, including:
 - 👉 Informing the public about reducing HHW generation (pollution prevention).
 - 👉 Potential dangers of HHW.
 - 👉 Proper disposal of HHW.
3. In the case of an application serving more than one municipality, please attach a Letter of Commitment from each participating community stating each municipality's commitment to join the regional HHW collection project.

AUTHORIZATION (An original signature of the person whose name appears in section I. is required on the original application):

I certify that, to the best of my knowledge, all of the foregoing information is complete and accurate.

(Signature of Authorized Person)

(Date)

(Print Name and Title of Authorized Person)

Mail application to:

NH Department of Environmental Services
PO Box 95
Concord, NH 03302-0095
Attn: HHW Coordinator

Please contact us with any questions you have.

Telephone: (603) 271-2047

E-mail: hhw@des.state.nh.us

<http://des.nh.gov/organization/commissioner/p2au/pps/hhwp/index.htm>

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EXAMPLE LETTER OF COMMITMENT

HOUSEHOLD HAZARDOUS WASTE COLLECTION PROJECT

The community of _____ hereby commits to participate and cooperate with the community of _____ in a Household Hazardous Waste Collection Project on _____.

The community hereby grants _____ the authority to represent the community in organizing the collection project.

The City / Town of _____ has appropriated \$ _____ for the purpose of allowing all residents of the community access to the Household Hazardous Waste Collection Project.

Authorized Agent for Participating Community

Community Name

Authorization Date